## SUPPLEMENTAL QUALIFICATIONS STATEMENT

## LIST OF COLLEGE COURSES AND CERTIFICATE OF SCHOLASTIC ACHIEVEMENT

1. Name (Last, First, M.I.)			2. Birth Da	te (Month, Day,Year)	3. Social Security Number							
4. Position for which you are applyi	ng (Inclu	de option	s, if any)	١								
5. List the undergraduate and/or gra and the date received or to be received		llege deg	rees you	i have red	ceived or ex	spect to receive (Give na	ame of degree, name	of the col	lege or un	iversity (	granting o	legree,
6. State your major undergraduate of	course(s)	of study			(	6a. State your major gra	duate course(s) of st	udy				
				PA	RTI-CO	LLEGE COURSES	3					
List below by appropriate acedemic to satisfy the qualification requirem totaled to determine if you meet the	ents of p	ositions f	or which	you are								
Indicate academic field:						Indicate academic fie	ld:					
	HOLL		CR	REDIT HO	URS			HOL		CREDIT HOURS		
DESCRIPTIVE TITLE	COMPLETION DATE	GRADE	SEM.	QTR.	CLASS ROOM	DESCRIPT	DESCRIPTIVE TITLE	COMPLETION DATE	GRADE	SEM.	QTR.	CLASS ROOM
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TOTAL						тот	ΓAL					

U.S. Office of Personnel Mannagement

OPM Form 1170/17 (Rev. 1/92)

COMPLETION DATE	N <sub>O</sub>		CREDIT HOURS				N O		CR	EDIT HO	URS
	COMPLETIC	GRADE	SEM.	QTR.	CLASS ROOM	DESCRIPTIVE TITLE	COMPLETION	GRADE	SEM.	QTR.	CLASS
											_
TOTAL						TOTAL					_

MISCELLANEOUS COURSES												
DESCRIPTIVE TITLE	NOI		CREDIT HOURS					NOI		CREDIT HOURS		
	COMPLETION DATE	GRADE	SEM.	QTR.	CLASS ROOM		DESCRIPTIVE TITLE	COMPLETION DATE	GRADE	SEM.	QTR.	CLASS ROOM
TOTAL							TOTAL					
PART II - PRIVACY ACT STATEMENT												

The Office of Personnel Management is authorized by section 1302 of Chapter 13 (Special Authority) and section 3301 and 3304 of Chapter 33 (Examination, Certification and Appointment of Title 5 of the U.S. Code to collect the information on this form.

Executive Order 9397 (Numbering Systems for Federal Accounts Relating to Individual Persons) authorizes the collection of your Social Security Number (SSN). Your SSN is used to identify this form with your basic application. It may be used for the same purposes as stated on the application.

The information you provide will be used primarily to determine your qualifications for Federal Employment. Other possible uses or disclosures of the information are:

- 1. To make requests for information about you from any source; (e.g., former employers or schools), that would assist an agency in determining whether to hire you;

  2. To refer your application to prospective Federal employers and, with your consent, to others (e.g., Satae and local governments) for possible employment;
- 3. To a Federal, State, or local agency for checking on violations of law or other lawful purposes in connection with hiring or retaining you on the job, or issuing you a security clearance;
- 4. To the courts when the Government is party to a suit; and
- 5. When lawfully required by Congress, the Office of Management and Budget, or the General Services Administration

Providing the information requested on this form, including your SSN, is voluntary. However, failure to do so may result in your not recieving an accurate rating, which may hinder your chances for obtaining Federal Employment. PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to take approximately 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the dtaat needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, NW, Room CHP 500 Washington, DC 20415; and to the Office of Management and Budget, Paperwork Reduction Project (3206-0038), Washington, DC 20503.

## ATTENTION - THIS FORM MUST BE SIGNED

Read the following paragraph carefully befor signing this Statement

A false answer to any question in this Statement may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or inprisonment (U.S. Code, Title 18, Sec. 1001). All statements are subject to investigation, including a check of your fingerprints, police records and former employers. All the information you give will be considered in reviewing your Statement and its subject to investigation

CERTIFICATION	Signature (Sign in ink)	Date Signed:
I CERTIFY that all of the statements in this Statement are true, complete, and		
correct to the best of my knowledge.		

NOTE: This part is for the use of college students and graduates who may qualify for some GS-7 positions on the basis of undergraduate scholastic achievement, as provided in an open job announcement. See the appropriate job announcement for complete requirements. Proof of scholastic achievement undrone of these provisions should not be submitted with your application, but will be required by the hiring agency at the time of appointment. If you do not wish to qualify on this basis or if you do not meet the scholastic requirements for the position, do not complete this part. In any case, YOU MUST SIGN YOUR NAME AFTER THE CERTIFICATION STATEMENT AT THE BOTTOM OF PAGE 3.

A. COLLEGE OR CLASS STANDING. Must be in u	pper third of your gi	raduating class in the college or un	niversity, or major subdivision such as School						
of Engineering, School of Business Administration, etc.									
NUMBER IN CLASS		YOUR STANDING							
Proof of this class standing should be in the form of a statement in writing be based on a suitable measure of your accedemic performance, such as res be based on your standing in your college or university or the first major s single accedemic department within a large university, such as the English	sults of a comprehensive exa subdivision (e.g., School of	amination or an overall faculty assessment, an Business Administration, the College of Arts	d must indicate the basis of judgement. Class standing must and Sciences, etc.). Subdivisions below this level, i.e., a						
B. COLLEGE GRADE-POINT AVERAGE. Your gradone of the methods below. Your grade-point average memorphisms completed in the major field of study.* if computing your average in the study of the study of the study.	nust be expressesd in your GPA, indicate the	terms of a value on a 4.0 scale be the method used and period covered	ased on 4 years, the last 2 years, or courses						
1 GPA As Recorded on Final Transcript		(Transcript must cover at least thhe la	ast 2 years)						
2 (Check One) Average of Un	ndergrad. Courses	Average in major field of study							
3 (Check One) At time of fi	ling *	All Four Years	Last Two Years						
* You may be rated provisionally eligible if you are a senior student, prov maintained the required average during the senior year.	rided you have the required	average in the junior year. You will be require	red to submit evidence at the time of appointment that you						
In computing your grade-point average, round to the first decimal place, (compares with the grade-piont average on a $4.0\mathrm{scale}$ .	(e.g., 2.95 = 3.0, 2.94 = 2.9,	3.45 = 3.5, etc.). If your college uses a difference of the second of	erent system, explain below, or on an attachment, how it						
If more than 10 percent of your courses were graded on a pass/fail or simil only on class standing or membership in a national honor society. The expass/fail or similar system.									
No. of Semester or Quarter Hours at 4.0 ("A")	X	4 =							
No. of Semester or Quarter Hours at 3.0 ("B")	X	3 =							
No. of Semester or Quarter Hours at 2.0 ("C")	X	2 =							
No. of Semester or Quarter Hours at 1.0 ("D")	X	1 =							
No. of Semester or Quarter Hours at 0.0 ("F")	X	0 =							
TOTAL (1)		TOTAL (2)							
Computed Grade-Point Average Total (2) diveded by Total (1)									
C. HONOR SOCIETY MEMBERSHIP. Must be one College Honor Societies (other than freshman scholars		· ·	minimum requirements of the Association of						
Name of honor society and date you were elected to me	embership								